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ABSTRACT

A qualitative study that examined the characteristics and experiences of Florida youth who are served under the Florida Department of Education Multiagency Network for Students with Serious Emotional Disturbance (SED) and who have achieved success in several life domains. The study used the framework of the Child and Adolescent Service System Program, which emphasizes that the service system must be child-centered, family-focused, individualized, community-based, integrated/coordinated, culturally competent, and aimed at early intervention/prevention. Subjects (N=11) were nominated on the basis of demonstrated success in home, school, and community settings despite their SED. All the youths had demonstrated success in school, those over 18 were usually employed and therefore more independent, and were typical for a SED population in their problem history and service history. Subjects and their families were interviewed regarding coordination and individualization of services and responses. Results suggested that the success of these individuals was not related to severity of impairment or circumstances. Findings did not suggest any single recipe for more effective support and service delivery. Instead, families identified different service characteristics as helpful, such as school program structure, guidance of the SED teacher, and mainstreaming. Future needs identified by families included continued counseling/therapy, financial aid, and job training. (DB)

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Looking at Success: Experiences of a Select Group of Children and Young Adults with Serious Emotional Disturbance

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Introduction

Children with serious emotional disturbances (SED) meet many obstacles to their social and educational success. Studies indicate that children with SED are less likely than their peers to graduate school and become employed (Davis, Clark, Silver, Smith, & Stoep, 1995). These children also have one of the lowest participation rates in post-secondary education and one of the highest drop-out rates (Silver, Unger, & Friedman, 1993).

While research continues to document similar findings, the Florida Department of Education (DOE) reports a 60% increase in the number of students with emotional disabilities graduating from high school; a 15% increase in the number of students with emotional disabilities in regular classrooms; an 18% reduction in the number of students with SED served outside the public schools; and a 50% decrease in the number of students for whom school districts contracted for residential treatment (SED Annual Report, 1995-96). These statistics are evidence that some students are experiencing "success." However, for many of these students "success" may mean a move to a less restrictive setting, or simply maintaining in their present environment over a period of time.

The Florida DOE Multiagency Network for Students with Serious Emotional Disturbance (SEDNET) requested a study to look at aspects of the community, the individual, and the family that assist a student in becoming a "success." This summary

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describes a qualitative study conducted by the Department of Child and Family Services at the Louis de la Parte Florida Mental Health Institute, University of South Florida, that began to describe the characteristics and experiences of youth who had achieved success in several life domains.

Method

This study explored the youths' experiences with the service system within the context of success. The framework of the study was based on the core values of the Child and Adolescent Service System Program (CASSP)– that the child serving system must be child-centered and family-focused, individualized, community-based, integrated/coordinated, culturally competent, and aimed at early intervention/prevention (Stroul & Friedman, 1986). To look at services received by the youth and families in terms of these principles, the review team adapted an interview and case review protocol from the Family Experience Study designed by the Annie E. Casey Mental Health Initiative for Urban Children evaluation team, University of South Florida. In order to systematically discover what has been instrumental to the success of these children, analysis included case descriptions; services received; family involvement, signs of success; and interviewee's and interviewer's perspectives. Considering the exploratory nature of the study, each case was examined against its own light.

SEDNET Project Managers helped to identify two or three children or young adults from their areas of the state who were considered successful. The nominees, six to twenty one years of age, had to have demonstrated success in home, school, and community settings; been identified as having SED; be served in public school settings; and involved in multiple services. Success was defined as (a) remained in the same level of restrictive environment; (b) showed academic gains, (c) improved emotional and behavioral functioning, (d) graduated from high school, and (e) entered the job market.

The evaluation team received twenty eight nominations. Eleven participants completed the study, six males and five females. Seven participants were non-Hispanic Caucasian, three were African-Americans, and one was Hispanic. The median age was 16.6 years, ranging from 7 to 23. Each participant provided names of persons to be interviewed who they felt had been crucial to their success.

Youths were nominated due to a variety of achievements. Of the eleven participants, six had graduated from regular school, received a GED or graduated from a special education program, two of whom graduated with honors; four transitioned to regular classrooms, with two graduating that year; four were living in an apartment on their own or with roommates; six were employed; six were better able to make and maintain friendships. Other characteristics attributed to these "successful" children and young adults were: drug-free, reduced medication, self-motivated, has friends, able to use public transportation; follows directions; and, more respectful of others.

Results

Domains of success. Findings from interviews and case record reviews identified some domains in which success was experienced by the majority of youth. For example, most youth had made gains in their functioning at school; all eleven youths made improvements both in their grades and their behavior in school. A shared domain for youth who were 18 years of age or older was employment. Being employed also helped some of the participants to live more independently. Improved interpersonal/social relationships was also frequently mentioned as a success characteristic for the participants.

Problem history. Study results suggested that this sample of successful youth had experienced a history of problems similar to those found in the population of children with severe emotional disorders, as a whole. In other words, their success did not appear to be related to severity of impairment or circumstance. For the 11 youth, household composition and housing arrangements were mixed. The study found that all the participants came from households in which they faced significant stressors, primarily in the areas of family violence, substance, emotional, physical, and/or sexual abuse. There also were similarities in the behavioral/emotional issues of the participants prior to receiving services. Commonalties reported included depression, aggression, self-destruction, and non-compliance. Many were reported to be withdrawn and to lack self-esteem. A number of the youth used drugs, ran away, and sexually acted out. Others suffered from lack of sleep and auditory hallucinations.

Service history. As a whole, the services and agencies utilized by these individuals were very similar, although the range of mental health services available in the selected communities varied according to the size of the area served and to the special education programs offered by the schools. All had some type of involvement with the mental health system receiving therapy and/or counseling; presently only three participants are receiving services. All youth were involved in an SED program in a special education class or SED center. Eight of the eleven participants had received medication; and, therefore, the services of a psychiatrist for monitoring levels. Five of the eight are still receiving medication. The types of medications distributed to these individuals included two anti-depressants, ritalin, clonodin, busbar, tegretol, decadrine, diatripin, oybutamine, melaril, thorazine, carbamazepine, bactrobar, and duricef. One individual had been on medication for 11 years, beginning at age 3; the longest in our study. The average length of time for receiving services was about 6 years, with a range of three to fourteen years. Three individuals began services at age 3 or 4, seven individuals began at the age of 10-15, and one began during his high school years.

Youth and family strengths. Participants were asked to identify their personal strengths and their families' strengths both prior to and after receiving services. In all cases, participants were able to identify more current strengths than strengths that existed before treatment. Current personal strengths often centered around having goals, such as graduating and becoming employed, being self-motivated and in control of life, able to manage responsibility, and perceiving life more positively. Relatedly, some identified "doing the right thing" as a strength. Some youth also reported increased confidence and maturity, and felt they were more, caring, nurturing and perceptive of others; several mentioned having new friends. When asked to identify family strengths existing prior to services, seven of the eleven individuals reported that their family had been in some way supportive of them. Although family support was consistently identified as a strength by the youth, family involvement in services varied widely; some parents were not at all involved, some inconsistently involved, and some very involved in their child's treatment and services. Only one father was identified as being involved in his child's treatment, and he was the boy's therapist prior to the adoption. When teachers and therapists spoke of strengths, the majority stated that the specific youth was likable, and that they enjoyed spending the extra time with them to develop a supportive relationship. As this strength impacts the way adults interact with youth, it is probable that this group's likability contributed meaningfully to their success.

Goals. The study team identified goals for each individual through interviews and review of either the Individualized Education Plan (IEP) or Family

Service Plan (generated by a multi-agency community-based planning team). For the younger children, the goals centered around developing self control in both the home and social situations and learning appropriate social skills. The goals for many of their mothers focused on learning appropriate parenting skills and how better to manage the child's behavior. Goals for the older youths also focused on appropriate social skills and on achieving their academic potential, whether it was to mainstream into a regular classroom, increase vocational skills, graduate, and/or move onto higher education and becoming employed. Most individuals also worked towards developing more independence, self-reliance and independent living skills. Increasing self-esteem, appropriate work habits and social skills, and developing behavioral control were also important goals.

Coordination and Individualization of Services. A primary focus of interviews addressed the participants' perceptions of their community's service system and the impact services had on their lives. In general, both providers and participants reported services were well coordinated with one another, although it appeared that mental health providers interacted with each other more than with the schools. All but one informant believed that services were provided in the least restrictive environment. In the majority of cases, school placements were reported to be appropriate and helpful. Most families reported that teachers and therapists were accessible, and worked around the family's schedule. The gender or race of provider were important to three of the participants.

Specific interview questions asked families to identify characteristics of services that they felt were particularly helpful; six mothers and one father contributed their thoughts. Notably, while all respondents agreed that respect, acceptance, support and assistance from therapists was invaluable and contributed to success, there was no single recipe for impactful support and service delivery. Instead, different families identified different service characteristics as helpful; the aspects mentioned appeared to be those service features most closely related to unique needs of the child and family. For instance, the school program structure and guidance of the SED teacher were significant to three of the mothers, and mainstreaming was especially important to two of the participants. A few individuals valued the spiritual and religious help they received, and one individual specifically mentioned the support of the church. Five of the participants expressed the value of the support of informal helpers in their community. Being accessible 24 hours a day was mentioned as a help in some cases, and one parent felt that the therapist's knowledge of the juvenile justice system was important. Medication was indicated by two of the parents as making a difference in their child's behavior. The father thought that the fact that his son was ready for change and knew what he wanted was significant in his success.

Like the families, when asked what made services helpful to families, providers listed aspects of therapist practice that had supported the families' successes. Most providers reported that one-on-one attention, being patient and listening contributed to progress. They also felt it was important to mix structure and consistency in support services with flexibility. Others mentioned having shared interests, honesty, having a sense of humor and making the youth feel welcomed as important in their success. Provider responses also appeared to highlight the effectiveness of individualized services, as different service strategies were identified as impactful for different youth. Some providers indicated specific goals they were working on as helpful, such as building self-esteem, teaching accountability, and working on social and conversational skills and boundary issues. One provider thought the medica-

tion change had a positive influence on the child's behavior, and that teaching parenting skills to the mother helped the child immensely. Another endorsed weekly group meetings as making a difference for the youth.

Future needs. When asked about youths' future needs, the youth, family and providers for each case study tended to agree with each other. For eight of the eleven participants, continued counseling/ therapy was identified either by themselves or by others interviewed as a future need, with two needing continued psychiatric medication monitoring. Four of the participants in the study cited continued financial aid as a future need, either for continued schooling or to help pay for housing. Other needs identified included employment and job training. For the younger participant, a continued future need identified by the parent was in parenting skill development.

Discussion

Through this study we learned about services and practices that were considered highly effective by these children and their primary caregivers. This however, does not entitle us to classify them as "best practices" because the study was focused on the children rather than the services received and the agencies providing them. Since this was an exploratory study of a limited number of cases, generalizations cannot and should not be made regarding the success of children with severe emotional disorders. However, what did emerge was a picture of services that were individualized and agreement from the youth, primary caregivers and providers about the needs of the child and family. What we saw was an endorsement from many of the youth that no matter what the involvement was from their family, their family was a strength.

Future research needs to continue looking to "successful" individuals and programs for guidance in the development of services for children with emotional and behavioral disturbances. Finally, based on providers' statements and the reviewers' own qualitative impressions, future studies should address the "likability" characteristic of these "successful" youth, perhaps utilizing social skills battery of tests.

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